

## The Context of HIV/AIDS Housing in the United States

Key issues about HIV/AIDS housing in the United States:

- More than 800,000 people in the U.S. have been diagnosed with AIDS and more than 450,000 have died over the past twenty years.
- The focus of AIDS housing has shifted from helping people at the end of their lives to helping them transition to living with HIV/AIDS.
- Stable housing is a critical component of healthcare for people living with HIV/AIDS.
- Nearly 28,000 housing units in the U.S. are dedicated for people living with HIV/AIDS.
- Access to housing is a growing concern as HIV/AIDS affects more diverse populations.

Over the last twenty years, the field of AIDS housing has developed as part of a larger community safety net serving a growing and diverse number of individuals living with HIV/AIDS. Since the first cases of AIDS were diagnosed in 1981, caring and committed organizations have worked together to provide an array of housing and related services to this vulnerable population. AIDS is a disease that can deprive individuals of their ability to work, eligibility for private health insurance, access to stable housing, and connections to support networks at a time when they may need it most. Many people living with HIV/AIDS are forced to choose between healthcare and housing. To date, more than 800,000 people in the United States have been diagnosed with AIDS and more than 450,000 have died from the disease.<sup>3</sup>

People living with HIV/AIDS face a range of housing and housing-related service concerns. Some may need one-time or periodic assistance paying their rent or mortgage, while others may require a supportive housing environment where services are available onsite. These may include services that enable residents to consistently take their medication, remain sober, and learn necessary life skills. The focus of AIDS housing providers has shifted from helping people at the end of their lives to helping them transition to living with HIV/AIDS.

The fluctuating nature of the disease suggests that some level of support, such as coordination of services and access to community-based medical care, is a necessary component of all types and models of residential programs. Whether provided on or offsite, for individuals who are living independently, or for those living in group environments. Stable housing promotes improved health status, adherence to complex medication regimes, and for some, a return to work and social activities.

As such, individuals' housing needs may vary based on health status. For people who are experiencing good health, housing and related issues may evolve around employment or re-training, moving off of housing subsidies, re-accessing services, developing life skills, and reunification with

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<sup>3</sup> Centers for Disease Control and Prevention, National Center for HIV, STD, and TB Prevention, Divisions of HIV/STD Prevention, *HIV/AIDS Surveillance Report, Year End 2001*, Vol. 13, No. 2, Table 21. Available online: [www.cdc.gov/hiv/stats/hasr1202.htm](http://www.cdc.gov/hiv/stats/hasr1202.htm) (Accessed: April 21, 2003).

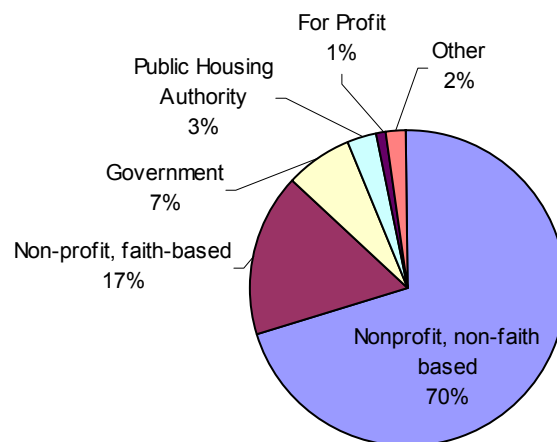
families. For those who are sick, services needs may range from high-end medical care to end of life care. For providers, this means the range of service and housing options must remain broad and flexible.

## History of AIDS Housing

The history of AIDS housing dates back only to the mid-1980s. The earliest projects were in “first-wave” communities: New York, San Francisco, and Los Angeles. At that time, no specific funding dedicated for AIDS housing existed, and the projects were developed with funding from local corporations and foundations, churches and faith-based communities, the generosity of individuals, some local government funds, and hours of volunteer labor. Many of these initial projects were small: four- to eight-bed group homes providing independent housing, or small facilities providing hospice care. All relied on volunteers to supplement few, if any, paid staff.

While the first providers of AIDS housing were nonprofits newly founded to care for people living with AIDS, in the 1990s much of the development and provision of AIDS housing shifted to mainstream affordable and supportive housing providers, as well as public housing authorities and local governments. The first phase of a national AIDS housing cost study, completed in 1999 by Vanderbilt University, found that nearly 28,000 units of housing in the U.S. are dedicated for people living with HIV/AIDS. Most of these units (17,190) are supported with vouchers that integrate people living with HIV/AIDS into the mainstream community.<sup>4</sup> **Figure 1** shows the types of mainstream organizations providing housing for people living with HIV/AIDS.

*Figure 1:*  
**Types of Organizations Providing Housing for  
People Living with HIV/AIDS, 1999**



Source: Debra Rog, and Sidra Goldwater, *The Landscape of AIDS Housing*, Vanderbilt University, Washington, DC, 1999, p. 4.

<sup>4</sup> Debra Rog, and Sidra Goldwater, *The Landscape of AIDS Housing*, Vanderbilt University, Washington, DC, 1999.

AIDS housing is very different in 2004. Projects that began in the mid-1980s and are still operating today have most likely undergone major physical remodeling and, in many communities, now meet local licensure requirements. Virtually every project that exists today has paid staff, receives government funding, has written operating policies, and would describe itself as targeting one or more specific needs in an overall housing continuum.

Unlike the informal arrangements that characterized its early years, AIDS housing now is typically based on long-term contractual relationships, tenants' ability to pay rent and meet lease requirements, and providers' community-wide collaborations and multiple funding sources. Providers have not only had to learn to operate permanent housing within the context of landlord-tenant laws, but also to gain a high degree of sophistication in accessing a range of state and local funding sources and partnering with mainstream housing and social service agencies.

## Moving Into the Future

AIDS housing providers are challenged to effectively accommodate the complexity of individuals' lives. People living with HIV/AIDS seeking services often have multiple barriers to housing stability, that may include limited or low incomes, homelessness, mental health issues, substance use issues, criminal history, and issues regarding citizenship status. Access to AIDS housing for families is a growing concern as HIV/AIDS impacts broader populations. Appropriate services and stable housing can make a critical difference in improving an individual's health and quality of life.

Providing the level of support that many of these individuals need in order to maintain their housing and income is expensive, but is not without public benefit. A recent study found that supportive housing for people with mental illness actually saved more than \$16,000 per person per year in public funds due to the reduced costs of hospitalizations, incarceration, and shelter services.<sup>5</sup> Still, demands on all of the systems serving people living with HIV/AIDS are increasing, and resources for meeting identified needs are not expected to increase significantly in the near future.

Outside of metropolitan areas, especially in the scattered towns of rural America, providers have their own challenges, including transportation to care, minimal community knowledge of the disease, and a lack of rental housing units. Rural AIDS housing providers are also often constrained by their own lack of experience in housing, few partnering or collaborative opportunities, and limited funding opportunities. They have had to learn to innovate and stretch their dollars any way they can to serve their growing client base.

As all Americans are experiencing the changes of a new economic environment, so are people living with HIV/AIDS. The country is just beginning to feel the effects of rising unemployment, higher rates of poverty, widening disparity in wealth, increases in insurance costs and the numbers of uninsured, and state budget gaps. These influences will again shape a housing market that has been skewed by a decade of disproportionate cost increases. As the nation shifts its collective attention to national security and international affairs, social service and housing programs supporting low-income populations face vulnerable futures in terms of continued public support and

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<sup>5</sup> Ted Houghton, *The New York/New York Agreement Cost Study: The Impact of Supportive Housing on Services Use for Homeless Mentally Ill Individuals*, Corporation for Supportive Housing, New York, 2001. Available online: [www.csh.org/NYNYSummary.pdf](http://www.csh.org/NYNYSummary.pdf) (Accessed: January 10, 2002).

funding. In 2004, significant cuts at the federal level for the Section 8 program alarmed providers and consumers alike.

While the AIDS housing community's goal of meeting the housing needs of people living with HIV/AIDS has not changed, the AIDS service and housing world has changed dramatically. The challenge for AIDS housing providers is to ensure that resources will be available to individuals over the long term and to find the balance between flexibility in services and stability for the agency and clients alike.